

Nepean Diabetes Service – Paediatric Clinic

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Nepean Blue Mountains
Local Health District

Patient Referral, Paediatric Diabetes Clinic

SECTION 1: Patient Details

Name: _____

Address: _____

Date of Birth: ____/____/____

Email: _____ Phone: _____

Medicare No: _____

NOK/Carer Name: _____ Relationship: _____ Phone: _____

Is patient of Aboriginal or Torres Strait Islander Origin?

- ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander
☐ No ☐ Prefer not to answer

SECTION 2: Clinic Referral - All our specialists bulk bill directly to Medicare

- ☐ A/Prof Gary Leong - Paediatric Endocrinologist ☐ Dr Rachel Debono - Paediatric Endocrinologist
☐ Dr Jeffrey Yeung - Paediatric Endocrinologist ☐ General Clinic (any available practitioner)

Date of referral: ____/____/____

Is an indefinite referral: ☐ No ☐ Yes (**Note:** New referral must be completed if patient's condition changes)

SECTION 3: Referring Doctor

Name/Provider Number: _____

Practice/Position: _____

Date: ____/____/____ Signature: _____

Phone: _____ Fax: _____

SECTION 4: Medical History

Diabetes diagnosis: ☐ Type 1 ☐ Type 2

Current Diabetes Medication	Before Breakfast	Before Lunch	Before Dinner	Before Bed

Other medical conditions: _____

Non-diabetes medications: _____

Comments/problems: _____

SECTION 5: Triage (HOSPITAL USE ONLY)

Referral triaged: ____/____/____ by: _____ Signature: _____

For: ☐ Consultant ☐ Registrar/Resident

Appointment made: ____/____/____ at: _____

Entered in iPM: _____ by: _____